

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Association of State Democratic Chairs

ADDRESS (number and street)

430 S. Capitol Street SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00259481

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

01

2009

through

11

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ann Fishman

Signature of Treasurer

Electronically Filed by Ann Fishman

Date

12

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 23

Write or Type Committee Name  
Association of State Democratic Chairs

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		46745.82
(b) Cash on Hand at Beginning of Reporting Period .....	51518.03	
(c) Total Receipts (from Line 19) .....	400.00	149874.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51918.03	196620.34
7. Total Disbursements (from Line 31) .....	14740.81	159443.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37177.22	37177.22
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 23

Write or Type Committee Name

Association of State Democratic Chairs

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	400.00	2400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	400.00	2400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	400.00	2400.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	147286.18
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	188.34
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	400.00	149874.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	400.00	149874.52

## DETAILED SUMMARY PAGE

of Disbursements

4 / 23

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	9740.81	154443.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	9740.81	154443.12	
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14740.81	159443.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14740.81	159443.12	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	400.00	2400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	400.00	2400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9740.81	154443.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	188.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9740.81	154254.78

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Ann Fishman

Mailing Address 10212 Windsor View

City Potomac State MD Zip Code 20854

Purpose of Disbursement  
Reimbursement - See Memo Items

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02213-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

209.19

**B.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02213-04250

Date of Disbursement

/   /

Amount of Each Disbursement this Period

209.19

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Sprint PCS

Mailing Address PO Box 62071

City Baltimore State MD Zip Code 21264-2071

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02214-04251

Date of Disbursement

/   /

Amount of Each Disbursement this Period

109.99

**SUBTOTAL** of Disbursements This Page (optional) .....

319.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Perkins Coie LLP

Mailing Address 1201 Third Avenue, 40th Floor

City  
Seattle

State  
WA

Zip Code  
98101-3099

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02215-04252

Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

3316.00

**B.**

Full Name (Last, First, Middle Initial)

Jennie Blackton

Mailing Address 2547 North Buena Vista

City  
Burbank

State  
CA

Zip Code  
91504

Purpose of Disbursement  
Political Consultant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02216-04253

Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

M&T Bank

Mailing Address 40 East Pratt Street

City  
Baltimore

State  
MD

Zip Code  
21202

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02233-04270

Date of Disbursement

11 / 08 / 2009

Amount of Each Disbursement this Period

196.02

**SUBTOTAL** of Disbursements This Page (optional) .....

4512.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
Credit Card Payment - See Memo Entries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02217-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2986.47

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
Travel Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02217-04293

Date of Disbursement

/   /

Amount of Each Disbursement this Period

59.96

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02217-04305

Date of Disbursement

/   /

Amount of Each Disbursement this Period

195.20

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

2986.47

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 21b-01-02217-04297 <b>Date of Disbursement</b>																				
Mailing Address PO Box 114	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Newark State NJ Zip Code 07101-0114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Membership Fee Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Washington Metro Area Transit Authority	<b>Transaction ID:</b> 21b-01-02217-04303 <b>Date of Disbursement</b>																				
Mailing Address 600 5th Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transportation Candidate Name	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> 21b-01-02217-04302 <b>Date of Disbursement</b>																				
Mailing Address PO Box 114	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Newark State NJ Zip Code 07101-0114	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">59.96</td> </tr> </table>	59.96																			
59.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02217-04301

Date of Disbursement

/   /

Amount of Each Disbursement this Period

226.40

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02217-04300

Date of Disbursement

/   /

Amount of Each Disbursement this Period

226.40

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02217-04299

Date of Disbursement

/   /

Amount of Each Disbursement this Period

226.40

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> 21b-01-02217-04298 <b>Date of Disbursement</b>																				
Mailing Address PO Box 36647	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Dallas State TX Zip Code 75235-1647	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare Candidate Name	<table border="1"> <tr> <td colspan="10">226.40</td> </tr> </table>	226.40																			
226.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> 21b-01-02217-04306 <b>Date of Disbursement</b>																				
Mailing Address PO Box 36647	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Dallas State TX Zip Code 75235-1647	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare Candidate Name	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	<b>Transaction ID:</b> 21b-01-02217-04296 <b>Date of Disbursement</b>																				
Mailing Address 1155 Connecticut Avenue, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transportation Candidate Name	<table border="1"> <tr> <td colspan="10">190.00</td> </tr> </table>	190.00																			
190.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b>																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02217-04304

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Lia's

Mailing Address 4435 Willard Avenue

City  
Chevy Chase

State  
MD

Zip Code  
20815

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02217-04294

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

79.47

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

PQ Capitol Hill, Inc.

Mailing Address 666 Pennsylvania Avenue, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02217-04307

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

58.95

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Air Tran

Mailing Address Peachtree Street, NW

City Atlanta State GA Zip Code 30303

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02217-04292

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

159.20

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address DFW International Airport

City Dallas State TX Zip Code 75261

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02217-04291

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

194.20

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address DFW International Airport

City Dallas State TX Zip Code 75261

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02217-04290

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

134.60

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address DFW International Airport

City Dallas State TX Zip Code 75261

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02217-04289

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

134.60

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Dell

Mailing Address 1 Dell Way

City Round Rock State TX Zip Code 78682

Purpose of Disbursement

Computer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02217-04254

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

509.73

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

James P. Walsh Sedan Services

Mailing Address 1155 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement

Transportation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02217-04295

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

190.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

David Domke

Mailing Address 6811 46th Ave NE

City  
Seattle

State  
WA

Zip Code  
98115

Purpose of Disbursement  
Reimbursement - See Memo Items

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02219-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

497.80

**B.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02219-04256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

497.80

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
Credit Card Payment - See Memo Items

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02220-0000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1315.35

**SUBTOTAL** of Disbursements This Page (optional) .....

1813.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 114	<b>Transaction ID:</b> 21b-01-02220-04279 <b>Date of Disbursement</b> <div> <div>11</div> <div>29</div> <div>2009</div> </div>
City Newark State NJ Zip Code 07101-0114 Purpose of Disbursement Travel Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>14.99</div> <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 114 City Newark State NJ Zip Code 07101-0114 Purpose of Disbursement Travel Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-01-02220-04288 <b>Date of Disbursement</b> <div>11</div> <div>29</div> <div>2009</div> <b>Amount of Each Disbursement this Period</b> <div>14.99</div> <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address PO Box 36647 City Dallas State TX Zip Code 75235-1647 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21b-01-02220-04287 <b>Date of Disbursement</b> <div>11</div> <div>29</div> <div>2009</div> <b>Amount of Each Disbursement this Period</b> <div>115.20</div> <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Armand's Chicago Pizza

Mailing Address 226 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02220-04286

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

35.67

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02220-04285

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

43.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City Newark State NJ Zip Code 07101-0114

Purpose of Disbursement  
Travel Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02220-04284

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) PMI BWI Scan Net Lot	<b>Transaction ID:</b> 21b-01-02220-04283 <b>Date of Disbursement</b>																				
Mailing Address 1725 DeSales Street, N.W., Suite 2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	9		2	0	0	9												
City Washington State MD Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Parking	<table border="1"> <tr> <td colspan="10">14.00</td> </tr> </table>	14.00																			
14.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tortilla Coast	<b>Transaction ID:</b> 21b-01-02220-04282 <b>Date of Disbursement</b>																				
Mailing Address 400 1st Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	9		2	0	0	9												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Meals	<table border="1"> <tr> <td colspan="10">30.74</td> </tr> </table>	30.74																			
30.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	<b>Transaction ID:</b> 21b-01-02220-04280 <b>Date of Disbursement</b>																				
Mailing Address 1155 Connecticut Avenue, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	9		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Transportation	<table border="1"> <tr> <td colspan="10">95.00</td> </tr> </table>	95.00																			
95.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Towne Park

Mailing Address 1750 K Street

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02220-04257

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

40.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 114

City  
Newark

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
Travel Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02220-04278

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

44.97

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02220-04277

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

195.20

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Hilton Garden Inn

Mailing Address 101 South Commercial Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02220-04276

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

21.69

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hilton Garden Inn

Mailing Address 101 South Commercial Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02220-04275

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

107.91

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02220-04274

Date of Disbursement

11 / 29 / 2009

Amount of Each Disbursement this Period

195.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02220-04273

Date of Disbursement

/   /

Amount of Each Disbursement this Period

113.60

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address PO Box 36647

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02220-04272

Date of Disbursement

/   /

Amount of Each Disbursement this Period

71.20

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Hilton Twigs

Mailing Address 1001 16th Street NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02220-04271

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.00

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

James P. Walsh Sedan Services

Mailing Address 1155 Connecticut Avenue, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Transportation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02220-04281

Date of Disbursement

/   /

Amount of Each Disbursement this Period

95.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Sprint PCS

Mailing Address PO Box 62071

City  
Baltimore

State  
MD

Zip Code  
21264-2071

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02221-04258

Date of Disbursement

/   /

Amount of Each Disbursement this Period

109.99

**SUBTOTAL** of Disbursements This Page (optional) .....

109.99

**TOTAL** This Period (last page this line number only) .....

9740.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)

Washington State Democratic Party

Mailing Address 615 Second Avenue, Ste. 580

City  
SeattleState  
WAZip Code  
98104

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 22-01-02218-04255

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00